

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039093

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 4811. PLACE OF DEATH **FILED OCT 16 1962**a. COUNTY **JACKSON**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** b. COUNTY **JACKSON**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **INDEPENDENCE**Length of stay in lb  
**50 yrs.**c. CITY  
OR TOWN **INDEPENDENCE**Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **INDEP. SAN. & HOSP.**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**1518 SO. SPRING**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
**CECIL**Middle  
**R.**Last  
**GOLD**4. DATE  
OF DEATHMonth  
**OCTOBER**Day  
**8,**Year  
**1962**5. SEX  
**MALE**6. COLOR OR RACE  
**WHITE**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**7-24-1894**9. AGE (last birthday)  
**68**IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**MACHINIST**10b. KIND OF BUSINESS OR INDUSTRY  
**TOOL & DYE MAKER**11. BIRTHPLACE (City and state or country)  
**GORVILLE, ILLINOIS**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**CHARLES GOLD**

13b. MOTHER'S MAIDEN NAME

**MARY BURKLOW**

14. NAME OF HUSBAND OR WIFE

**VIDA P. GOLD**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes or unknown) (If yes, give year or dates of service)  
**NO**16. SOCIAL SECURITY NO.  
**NO**

17. INFORMANT

Address

**Vida P. Gold, 1518 So. Spring, Indep., Mo.**18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Pneumonia due to Pseudomonas**INTERVAL BETWEEN  
ONSET AND DEATH  
**8 days**Conditions, if any,  
which gave rise to  
above cause (e),  
stating the under-  
lying cause last.

DUE TO (b)

**Encephalopathy****6 months**

DUE TO (c)

**arteriosclerosis + Hypertensive disease****15 yrs**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. Month, Day, Year  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8-14-62** to **10-8-62** and last saw her  
him alive on **10-8-62**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Charles A. Kendall MD**

22b. ADDRESS

**10901 Winer Road Indep.**

22c. DATE SIGNED

**10-9-62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)**BURIAL**

23b. DATE

**10-10-62**

23c. NAME OF CEMETERY OR CREMATORY

**MOUND GROVE CEMETERY**

23d. LOCATION (City, town, or county)

**INDEPENDENCE, MO.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**GEO. C. CARSON & SONS, INDEPENDENCE, MO.**

25. DATE RECD. BY LOCAL REG.

**10-10-62**

26. REGISTRAR'S SIGNATURE

**Alba L. Cray**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/591 70052 70053 24 05 1

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JAN 31 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles F. Tyler*

Licensed Embalmer No. 4534

P. O. Address *P. O. Box 100*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

W. H. H. H. H.

10-10-62